



BEKMAN
MARDER
& ADKINS
A PLAINTIFF'S TRIAL FIRM

October 6, 2016

U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington DC 20420

To Whom It May Concern:

This law office represents William Lins, who suffered physical, psychological and emotional injury due to the inappropriate doctor-patient sexual relationship with Erin Burns, Ph.D. while Dr. Burns was employed with the Baltimore VA Medical Center in of health care providers at Walter Reed National Military Medical Center.

Enclosed please find a Form 95 Claim for Damage, Injury or Death brought by William Lins.

Please contact me promptly with the Government's response to this Claim.

Very truly yours,


Emily C. Malarkey

ECM/bz
Enclosure

RECEIVED

OCT 17 2016

OFFICE OF GENERAL COUNSEL
121

BEKMAN, MARDER & ADKINS, L.L.C.
300 WEST PRATT STREET • SUITE 450 • BALTIMORE, MARYLAND 21201
410-539-6633 • FAX: 410-625-9554
WWW.BMALAWFIRM.COM

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: U.S. Department of Veterans Affairs 810 Vermont Avenue, NW Washington DC 20420			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. William Lins [REDACTED]		
3. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS [REDACTED]	6. DATE AND DAY OF ACCIDENT 11/01/2015 + see attached	
7. TIME (A.M. OR P.M.) see attached					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). See attached.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). None					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). None					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. As a result of Dr. Burns' inappropriate doctor-patient sexual relationship while employed with the Baltimore VA Medical Center, Mr. Lins has suffered and will continue to suffer physical, psychological and emotional injury and pain and suffering.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
William Lins Erin Burns, Ph.D. Elizabeth Lins		[REDACTED] 10 North Greene Street, Baltimore, Maryland 21201 [REDACTED]			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 0		12b. PERSONAL INJURY 2000000		12c. WRONGFUL DEATH 0	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 2,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>Emily Maloney, attorney for William Lins</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM 410-539-6633		14. DATE OF SIGNATURE 10/04/2016
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="checkbox"/> No Not applicable.	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not applicable.	17. If deductible, state amount. 0
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts). Not applicable.	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input checked="" type="checkbox"/> No Not applicable.	
INSTRUCTIONS	
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim, establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

William Lins
Form 95 Supplemental Attachment

8. Basis of Claim:

In approximately May 2014, Mr. Lins entered a rehabilitation day program run through the Baltimore VA Medical Center. Mr. Lins was receiving treatment for addiction and post-traumatic stress disorder. Mr. Lins was a Marine for eleven (11) years and was discharged from the Marines in May 2016.

From September 2014 through April 2015, Mr. Lins was in a residential treatment program run through the VA. During this time, Mr. Lins was receiving counseling with Erin Burns, Ph. D., a psychologist at the VA. Dr. Burns was his primary psychologist and would see Mr. Lins a few times a week. The nature of their relationship was appropriate during this time period.

In the summer of 2015, Mr. Lins suffered a relapse and was re-admitted to the residential program in August. He once again received treatment from Dr. Burns. In November of 2015, Mr. Lins and Dr. Burns entered into a sexual relationship. Dr. Burns would have sexual relations with Mr. Lins in her office in the VA. She would pull him out of group therapy and other programs to take him for "individual" therapy that would instead consist of sexual relations.

This relationship continued for approximately seven (7) months, even after Mr. Lins left the residential treatment program and had transitioned to a day program. After the VA launched an investigation into Dr. Burns' conduct relating to another patient in early 2016, Dr. Burns began meeting with Mr. Lins at his house, her house, or hotels. Their relationship continued until approximately June of 2016, when Mr. Lins ended the relationship. Dr. Burns continued to contact Mr. Lins via text message and phone even after he terminated the relationship.



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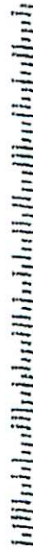


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DVA 1703

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